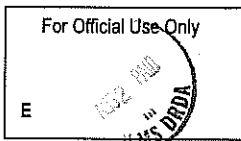


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10945</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>Malone</u> P.O. Box, Bldg., Room No., if any Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 812 IBT</u> Labor Organization File Number <u>001620</u> P.O. Box, Building and Room Number, if any Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>
5. Position in labor organization. <u>TLW 706</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>                    </u> Date	<u>                    </u> Telephone Number

Name of Person Filing Thomas Malone

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Novak Francella LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two Bala Plaza

City Balacynwyd

State Pennsylvania

ZIP Code + 4 19004

## 9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Provides accounting services

## 11.b. Approximate dollar value of such dealing.

\$18,000

## 12.a. Nature of interest held or income received.

Novak Francella provided a meal on 3/15/2004 to discuss accounting issues, the cost of which was

## 12.b. Amount.

\$217

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Thomas Malone

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York

ZIP Code + 4 10583

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Local 812 Health Fund a related organization to Teamsters Local 812 IBT paid the trustee expenses to attend the IFEBP conference in New Orleans, LA and the annual IFEBP dues. The trustee didnot attend, Fund was reimbursed

## 12.b. Amount.

\$1,554

Name of Person Filing Thomas Malone

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name James Green Esq.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 214

Street 900 Merchants concourse

City Westbury

State New York ZIP Code + 4 10583

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$48,000

## 12.a. Nature of interest held or income received.

Received a holiday gift the value of which was

12.b. Amount.

\$169

Name of Person Filing Thomas Malone

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lazard Asset management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City New York

State New York ZIP Code + 4 10112

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 188 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10112

## 11.a. Nature of such dealing.

Provides investment services

11.b. Approximate dollar value of such dealing.

\$100,000

## 12.a. Nature of interest held or income received.

Mr Malone, Trustee, was provided a meal on February 13, 2004 to discuss investment issues. The pro rata share of the cost of the meal was

12.b. Amount.

\$118

Name of Person Filing Thomas Malone

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

## 11.a. Nature of such dealing.

Provides banking services

11.b. Approximate dollar value of such dealing.

\$8,000

## 12.a. Nature of interest held or income received.

A gift of baseball tickets, the value of which is

12.b. Amount.

\$156

Name of Person Filing Thomas Malone

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Blitman &amp; King LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Franklin Center, Suite 300

Street 443 North Franklin Street

City Syracuse

State New York ZIP Code + 4 10583

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

## 11.a. Nature of such dealing.

Provides legal services

## 11.b. Approximate dollar value of such dealing.

\$100,000

## 12.a. Nature of interest held or income received.

Trustee Malone was provided a meal to discuss Fund issues. The cost of the meal was

## 12.b. Amount.

\$65